

110TH CONGRESS  
1ST SESSION

# S. 651

To help promote the national recommendation of physical activity to kids,  
families, and communities across the United States.

---

## IN THE SENATE OF THE UNITED STATES

FEBRUARY 15, 2007

Mr. HARKIN (for himself and Mrs. CLINTON) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

---

## A BILL

To help promote the national recommendation of physical  
activity to kids, families, and communities across the  
United States.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Promoting Lifelong  
5       Active Communities Every Day Act” or the “PLAY Every  
6       Day Act”.

1 **SEC. 2. PURPOSE.**

2       The purpose of this Act is to help children, families  
3 and communities achieve the national recommendation of  
4 60 minutes of physical activity every day.

5 **SEC. 3. FINDINGS.**

6       Congress makes the following findings:

7           (1) Health care costs in the United States are  
8 rising rapidly. Per capita health spending in the  
9 United States is 56 percent higher than the median  
10 for countries that are members of the Organization  
11 for Economic Co-operation and Development.

12           (2) According to the Centers for Medicare and  
13 Medicaid Services, total health care spending in the  
14 United States in 2004 was \$1,800,000,000,000 and  
15 is expected to rise to \$3,600,000,000,000 by 2014.  
16 Furthermore, chronic disease accounts for approxi-  
17 mately 75 percent of health care costs annually.

18           (3) Chief executive officers rank health care  
19 costs as their number 1 economic pressure, and  
20 McKinsey and Company predicts that by 2008 the  
21 health care costs of the Fortune 500 companies will  
22 be greater than their net profits, if current trends  
23 continue.

24           (4) Since the 1970s, the percentage rate of obe-  
25 sity has more than doubled for preschool children  
26 aged 2–5 years and adolescents aged 12–19 years,

1 and it has more than tripled for children aged 6–11  
2 years.

3 (5) The Institute of Medicine reported that in  
4 2004, approximately 9,000,000 children over 6 years  
5 of age were obese.

6 (6) The Centers for Disease Control and Pre-  
7 vention reported in 2000 that only 8 percent of ele-  
8 mentary schools, 6.4 percent of middle and junior  
9 high schools, and 5.8 percent of senior high schools  
10 offer daily physical education or its equivalent for  
11 the entire school year for students in all grades of  
12 the school.

13 (7) The Centers for Disease Control and Pre-  
14 vention reported in 2000 that less than 50 percent  
15 of all schools offered any intramural activities or  
16 physical activity clubs for students.

17 (8) A 2002 survey reported that 61.5 percent  
18 of children do not participate in any organized phys-  
19 ical activity outside of school hours.

20 (9) The Institute of Medicine reported in “Pre-  
21 venting Childhood Obesity” (2004) that in 1969, an  
22 average of 48 percent of all students walked or bicy-  
23 cled to school. In 1999, only 19 percent of children  
24 walked to or from school and 6 percent rode bicycles  
25 to school.

1           (10) Between 1977 and 1995, trips made by  
2 walking declined by 40 percent for adults while driv-  
3 ing trips increased to almost 90 percent of the total.

4           (11) The Institute of Medicine reported that  
5 due to vehicular traffic, high crime rates, and lack  
6 of sidewalks or open spaces, children often do not  
7 have safe places to play outside in many neighbor-  
8 hoods.

9           (12) Currently, many governmental, scientific,  
10 and public health agencies recommend that school-  
11 age children and adolescents engage in at least 60  
12 minutes of moderate to vigorous physical activity  
13 that is developmentally appropriate and enjoyable,  
14 and which involves a variety of activities, on most,  
15 preferably all, days of the week.

16 **SEC. 4. DEFINITION OF SECRETARY.**

17       In this Act, the term “Secretary” means the Sec-  
18 retary of Health and Human Services.

19 **TITLE I—NATIONAL PROGRAM**  
20 **PROMOTING LIFELONG AC-**  
21 **TIVE COMMUNITIES**

22 **SEC. 101. DEVELOPMENT OF COMMUNITY PLAY INDEX.**

23       (a) COMMUNITY PLAY INDEX.—The Secretary, act-  
24 ing through the Director of the Centers for Disease Con-  
25 trol and Prevention, shall develop a well-validated commu-

1 nity measurement tool, which shall be known as the “Com-  
 2 munity Play Index”, that can measure the policy, pro-  
 3 gram, or environmental barriers in communities to partici-  
 4 pating in physical activity. The Community Play Index  
 5 shall include—

6 (1) cross-cutting measurements that—

7 (A) examine barriers to physical activities  
 8 across multiple settings, including homes, after  
 9 school and child care sites, schools, the commu-  
 10 nity at-large, and worksites; and

11 (B) focus on the—

12 (i) availability of adequate spaces and  
 13 places for physical activity;

14 (ii) availability of, and access to, qual-  
 15 ity physical activity and physical education  
 16 programs; and

17 (iii) the availability of programs, ac-  
 18 tivities, and leaders to educate about the  
 19 importance of physical activity for the com-  
 20 munity; and

21 (2) additional measurements to assist economi-  
 22 cally and culturally diverse communities in exam-  
 23 ining the social determinants of health.

(b) GUIDANCE AND TRAINING.—The Secretary shall provide guidance and develop training on utilizing the Community Play Index.

**SEC. 102. SENSE OF THE SENATE REGARDING FUNDING.**

It is the sense of the Senate that the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out this title using any additional and available funds provided to the Secretary for the steps to a healthier United States program carried out by the Centers for Disease Control and Prevention.

**TITLE II—MODEL COMMUNITIES  
OF PLAY IMPLEMENTATION  
GRANTS**

**SEC. 201. MODEL COMMUNITIES OF PLAY IMPLEMENTATION GRANTS.**

(a) PROGRAM AUTHORIZED.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award 3 grants to State health departments to enable the State health departments to work in partnership with eligible community-based coalitions to plan and implement model communities of play that—

(A) increase the physical spaces and places available for physical activity;

1           (B) increase the opportunities for children  
2           and families to participate in quality play, and  
3           the number of children and families partici-  
4           pating in quality play; and

5           (C) increase knowledge and awareness  
6           about the importance of individuals achieving  
7           60 minutes of recommended physical activity  
8           every day.

9           (2) AMOUNT OF GRANTS.—A grant awarded  
10          under this subsection shall be in the amount of  
11          \$250,000. If the amounts appropriated under this  
12          Act for a fiscal year are not sufficient to support 3  
13          grants at such level, the Secretary shall ratably re-  
14          duce the amount of all grants.

15          (b) APPLICATION.—A State health department desir-  
16          ing a grant under subsection (a) shall submit an applica-  
17          tion to the Secretary at such time, in such manner, and  
18          containing such information as the Secretary may require.

19          (c) COORDINATION.—In awarding grants under sub-  
20          section (a), the Secretary shall ensure that the proposed  
21          programs assisted under each grant are coordinated in  
22          substance and format with programs currently funded  
23          through other Federal departments and agencies, includ-  
24          ing—

1           (1) State-based nutrition and physical activity  
 2           programs, comprehensive school health education  
 3           programs, and community-based health and wellness  
 4           programs of the Centers for Disease Control and  
 5           Prevention;

6           (2) the physical education programs under sub-  
 7           part 10 of part D of title V of the Elementary and  
 8           Secondary Education Act of 1965 (20 U.S.C. 7261  
 9           et seq.;

10          (3) the safe routes to schools program under  
 11          section 1404 of the Safe, Accountable, Flexible, Effi-  
 12          cient Transportation Equity Act: A Legacy for  
 13          Users (23 U.S.C. 402 note; 119 Stat. 1228); and

14          (4) other health and wellness programs oper-  
 15          ating within the community.

16          (d) PARTNERSHIP WITH COMMUNITY COALITIONS.—  
 17          A State health department receiving a grant under sub-  
 18          section (a) shall use grant funds to carry out the activities  
 19          described in subsection (e) in partnership with 1 or more  
 20          community coalitions that meet all of the following re-  
 21          quirements:

22               (1) The community coalition is comprised of a  
 23               representative sampling of community partners, in-  
 24               cluding not less than half of the different types of



1 individuals or entities described in subparagraphs  
2 (A) through (O):

3 (A) A community-based organization that  
4 focuses on children and youth, preventive  
5 health, physical activity, or physical education.

6 (B) A local parks and recreation depart-  
7 ment.

8 (C) A local health department.

9 (D) A local educational agency, as defined  
10 in section 9101 of the Elementary and Sec-  
11 ondary Education Act of 1965 (20 U.S.C.  
12 7801).

13 (E) A local city planning agency.

14 (F) A local health care provider.

15 (G) A 4-year institution of higher edu-  
16 cation, as defined in section 101 of the Higher  
17 Education Act of 1965 (20 U.S.C. 1001).

18 (H) A tribal health facility, where applica-  
19 ble.

20 (I) A tribal educational agency, where ap-  
21 plicable.

22 (J) A Federally qualified health center or  
23 rural health clinic, where applicable.

24 (K) A hospital.

25 (L) A faith-based organization.

1 (M) A policymaker or elected official.

2 (N) A community planning organization.

3 (O) A business.

4 (2) The community coalition completed and  
5 submitted to the State health department—

6 (A) a Community Play Index developed  
7 under section 101 for the community that iden-  
8 tifies the gaps and barriers to physical activity  
9 in the community to children and youth; and

10 (B) a community action plan describing  
11 the programs, policy, and environmental change  
12 strategies that will be implemented with grant  
13 funds to help children and youth in the commu-  
14 nity reach the recommended 60 minutes of  
15 physical activity every day.

16 (3) The community coalition provided—

17 (A) documentation to the State health de-  
18 partment on the manner in which the coalition  
19 will coordinate with appropriate State and local  
20 authorities, including—

21 (i) State or local health departments;

22 (ii) State educational agencies or local  
23 educational agencies, as defined in section  
24 9101 of the Elementary and Secondary  
25 Education Act of 1965 (20 U.S.C. 7801);

1 (iii) State or local parks and recre-  
 2 ation departments or associations;

3 (iv) State or local departments of  
 4 transportation or city planning;

5 (v) community foundations; and

6 (vi) any other entities determined to  
 7 be appropriate by the Secretary; and

8 (B) a description of the manner in which  
 9 the coalition will evaluate the effectiveness of  
 10 the programs carried out with grant funds.

11 (e) AUTHORIZED ACTIVITIES.—A State health de-  
 12 partment that receives a grant under subsection (a) shall  
 13 use funds available through the grant to carry out the fol-  
 14 lowing activities:

15 (1) Train community-based coalitions on how to  
 16 utilize the Community Play Index to measure the  
 17 program, policy, and environmental barriers to pro-  
 18 moting lifelong physical activity for youth.

19 (2) Work in partnership with community coali-  
 20 tions described in subsection (d) to enable the com-  
 21 munity coalitions to carry out the coalition's commu-  
 22 nity action plan and promote a model community of  
 23 play, which may include the following:

24 (A) Enabling the maximum use of, or the  
 25 creation of spaces and places for, physical activ-

ity for children, families, and communities before, during, and after school or work, which may include increasing the number of—

(i) programs that increase the number of safe streets and sidewalks in the community to walk and bike to school, work, or other community destinations, such as recreation sites, parks, or community centers;

(ii) schools, faith-based organizations, and recreational facilities serving the community that provide programming on physical activity and physical education before, during, or after school;

(iii) schools serving the community that provide recess, physical education, and physical activity for children and youth;

(iv) day care, child care, and after school care sites in the community that provide physical activity for children and youth;

(v) venues in the community that provide co-curricular physical activity programs, including sports fields and courts, especially venues for all-inclusive intra-

1 mural programs and physical activity  
2 clubs;

3 (vi) playgrounds and activity sites in  
4 the community for young children, includ-  
5 ing sites that offer programs that provide  
6 physical activity instruction that meet the  
7 various needs and interests of all students,  
8 including those with illness, injury, and  
9 physical and developmental disabilities, as  
10 well as those that live sedentary lifestyles  
11 or with a disinterest in traditional team  
12 sports;

13 (vii) capital improvement projects that  
14 increase opportunities for physical activity  
15 in the community; and

16 (viii) networks of walking and cycling  
17 trails where trails do not exist in the com-  
18 munity, that offer both a functional alter-  
19 native to automobile travel and an oppor-  
20 tunity for exercise, recreation, and commu-  
21 nity connectedness.

22 (B) Enhancing opportunities and access  
23 for children and youth in the community to par-  
24 ticipate in quality physical activity and physical  
25 education programs before, during, and after

1 school, which may include increasing the num-  
 2 ber of—

3 (i) school and after school care sites  
 4 in the community that implement proven  
 5 health curricula, physical education (in-  
 6 cluding developing innovative approaches  
 7 to teaching and staffing, physical edu-  
 8 cation), and physical activity programming;

9 (ii) children and youth in the commu-  
 10 nity that are able to participate in physical  
 11 education or activity during and after  
 12 school, by ensuring that adequate equip-  
 13 ment is available to such children and  
 14 youth;

15 (iii) scholarships to low-income chil-  
 16 dren and youth for physical activity pro-  
 17 grams;

18 (iv) education and training programs  
 19 for education, recreation, leisure, child  
 20 care, and coaching professionals regarding  
 21 quality physical education and physical ac-  
 22 tivity programs and policies;

23 (v) training programs to assist physi-  
 24 cians in—

- 1 (I) carefully communicating the  
2 results of body mass index (BMI)  
3 tests to parents and, in an age-appro-  
4 priate manner, to the children and  
5 youth themselves;
- 6 (II) providing information to  
7 families so they may make informed  
8 decisions about physical activity and  
9 nutrition; and
- 10 (III) explaining the benefits asso-  
11 ciated with physical activity and the  
12 risks associated with childhood over-  
13 weight and obesity;
- 14 (vi) assessment tools used to measure  
15 the quality of physical activity, sports, and  
16 intramural sports programs;
- 17 (vii) guidelines and informational ma-  
18 terials used by teachers, parents, care-  
19 givers, and health-care professionals who  
20 are interested in promoting physical activ-  
21 ity for infants, toddlers, and preschoolers;  
22 and
- 23 (viii) guidelines and informational ma-  
24 terials used to promote physical activity  
25 with the intent of improving the current

1 health, fitness, and wellness of preadoles-  
 2 cent children (ages 6 through 12) as well  
 3 as to promote lifelong physical activity.

4 (C) Identifying, engaging and mobilizing  
 5 community leaders, decision-makers, experts,  
 6 and the media to raise awareness and educate  
 7 the public about the importance of securing 60  
 8 minutes of physical activity every day, which  
 9 may include increasing the number of—

10 (i) school and after school care faculty  
 11 and staff, including coaches, that serve as  
 12 positive role models for students regarding  
 13 regular physical activity;

14 (ii) businesses that serve as role mod-  
 15 els by providing physical space and incen-  
 16 tives for employees to participate in phys-  
 17 ical activity;

18 (iii) businesses that serve as role mod-  
 19 els to communities by—

20 (I) providing support to intra-  
 21 mural teams, clubs, sports leagues,  
 22 playgrounds, trails, biking and walk-  
 23 ing paths, and fields and venues for  
 24 sports, play, and physical activity;



1 (II) incorporating built environ-  
2 ment strategies into new construction  
3 of facilities;

4 (III) adopting safe routes to  
5 school programs;

6 (IV) providing bike racks at the  
7 office; and

8 (V) encouraging the use of the  
9 stairs;

10 (iv) insurers that provide incentives  
11 for maintaining healthy body weight, in-  
12 cluding offering screening and obesity pre-  
13 vention services in routine clinical practice;

14 (v) groups representing low-income in-  
15 dividuals or individuals with disabilities,  
16 that can promote and secure safer and  
17 more accessible sites for activity;

18 (vi) consumer research-driven mar-  
19 keting strategies for ongoing initiatives  
20 and interventions that enhance physical ac-  
21 tivity for children and youth;

22 (vii) products and opportunities pro-  
23 vided or offered by leisure, entertainment,  
24 and recreation industries that promote reg-

1            ular physical activity and reduce sedentary  
2            behaviors;

3            (viii) media advocacy training pro-  
4            grams for public health and exercise sci-  
5            entists so as to empower the scientists to  
6            disseminate their knowledge to a broad au-  
7            dience; and

8            (ix) campaigns to foster awareness  
9            about the health benefits of regular phys-  
10          ical activity of not less than 60 minutes a  
11          day for all children and youth.

12          (3) To support the evaluation of the community  
13          action plans of the community coalitions and the ac-  
14          tivities carried out under this Act.

15          (f) AUTHORIZATION OF APPROPRIATIONS.—There  
16          are authorized to be appropriated to carry out this title  
17          \$750,000 for fiscal year 2008.

○